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DOCKET NO. D0590.70011US02


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Plaetinck, et al.  
Serial No: 10/826,522  
Confirmation No: 2890  
Filed: April 16, 2004  
For: CHARACTERISATION OF GENE FUNCTION USING DOUBLE  
STRANDED RNA INHIBITION

Examiner: Voitach, Joseph T.  
Art Unit: 1632

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to **Mail Stop AMENDMENT**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 18th day of October, 2005.

  
June Watson

**Mail Stop AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:


Transmitted herewith are the following documents:

☒ Preliminary Amendment  
☒ Fee Transmittal  
☒ Return Receipt Postcard

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

A check in the amount of **\$730.00** is enclosed to cover multiple dependent claims and additional claims fees. Please charge any underpayment or credit any overpayment to Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted,  
*Plaetinck, et al., Applicant*

  
John R. Van Amsterdam, Reg. No. 40,212  
Wolf, Greenfield & Sacks, P.C.  
600 Atlantic Avenue  
Boston, Massachusetts 02210-2211  
Telephone: (617) 646-8000

Docket No.: D0590.70011US02  
Date: October 18, 2005  
xNDDx



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>  <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>		
		Application Number	10/826522-Conf. #2890	
		Filing Date	April 16, 2004	
		First Named Inventor	Plaetinck, et al.	
		Examiner Name	Woitach, Joseph T.	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1632		
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b>	<b>730.00</b>	Attorney Docket No.	D0590.70011US02

**METHOD OF PAYMENT** (check all that apply)

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account    Deposit Account Number: 23/2825    Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17    ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**

42 - 20 = 22 x 25.00 = 550.00    Fee (\$)    Fee Paid (\$)

180.00    180.00

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

3 - 3 = 0 x = 0

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**    **Extra Sheets**    **Number of each additional 50 or fraction thereof**    **Fee (\$)**    **Fee Paid (\$)**

- 100 = /50 (round up to a whole number) x =

**4. OTHER FEE(S)**    **Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

**SUBMITTED BY**

Signature	<i>John R. Van Amsterdame</i>	Registration No. (Attorney/Agent)	40,212	Telephone	(617) 646-8233
Name (Print/Type)	John R. Van Amsterdam			Date	October 18, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: **Mail Stop AMENDMENT**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 10/18/05    Signature: *June M. Watson* (June M. Watson)



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June Watson

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Commissioner for Patents  
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**PRELIMINARY AMENDMENT**

Sir:

This is a second preliminary amendment of the claims.

**A listing of the claims** is presented beginning on page 2.

**Remarks** begin on page 5.

10/21/2005 MBLANCO 00000010 10826522

01 FC:2202  
02 FC:2203

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180.00 OP